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DATE: 06 June 2005 **TIME:** CEN
TO: Examiner Brian Healy **PHONE:**
USPTO **FAX:** 703.872.9306
FROM: Robert A. Parsons
Parsons & Goltry **PHONE:** 602.252.7494
FAX: 602.252.7198
RE: Patent Application, Serial Number 10/769,967; Office Action Response

Number of pages including cover sheet: 7

Confirmation Copy to follow? X No Yes

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael S. Lebby; Samuel Ho)
Serial No.: 10/769,967) Ex: Healy
Filed: 02 February 2004) Art Unit: 2883
For: SELF EJECT LATCH MECHANISM)
FOR AN OPTICAL TRANSCEIVER)
MODULE)

CERTIFICATION OF FACSIMILE TRANSMISSION

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Fax: 703-872-9306

Dear Sirs:

I hereby certify that this correspondence, consisting of Amendment Transmittal Form; Response, Amendment, and Request for Reconsideration; and copy of Information Disclosure Statement are transmitted to the Patent and Trademark Office (Fax. No. 703-872-9306) on the date shown below.

Lia Smitham

Signature

06 June 2005

CN 29370

4000 North Central
Suite 1220
Phoenix, Arizona 85012
(602) 252-7494

June 6, 2005

Date

Respectfully Submitted,

Robert A. Parsons

Robert A. Parsons
Attorney for Applicant
Reg. No. 32,713

Case Docket No. 4189-PA31

Applicant: Michael S. Lebby; Samuel Ho)
 Serial No.: 10/769,967) Ex: Healy
 Filed: 02 February 2004) Art Unit: 2883
 For: SELF EJECT LATCH MECHANISM)
 FOR AN OPTICAL TRANSCEIVER)
 MODULE)

Commissioner of Patents
 PO Box 1450
 Alexandria VA 22313-1450
 MAIL STOP Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above identified application.

Small entity status of this application has been established.

Design Application, no additional fee required.

Utility application, fee calculated on table below.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
TOTAL	7 -	20	0	X 9 = \$	or X 18 = \$0
INDEP	4 -	4	0	X 43 = \$	or X 86 = \$0
MULTIPLE DEPEND CLAIM PRESENTED			X145 = \$	or X290 = \$0	
			TOTAL	or TOTAL \$0	

Please charge the Deposit Account No. _____ in the amount of \$ _____.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____.

A duplicate copy of this transmittal sheet is enclosed.

A check in the amount of \$ _____ is attached.

Respectfully submitted,

5/6/05
DATE


Robert A. Parsons, Reg. No. 32,713
CN 29370